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PTO/SB/21 (08-03)

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TRANSMITTAL FORM

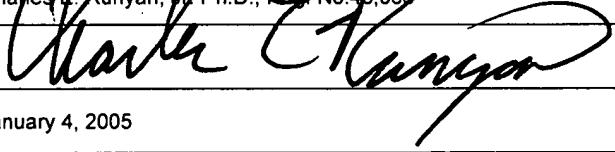
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/748,412
		Filing Date	December 21, 2000
		First Named Inventor	Wouter E. Roorda
		Group Art Unit	3738
		Examiner Name	Hieu Phan
Total Number of Pages in This Submission (excluding references)	12	Attorney Docket Number	50623.26

ENCLOSURES (check all that apply)

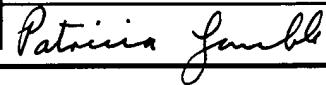
<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization <input checked="" type="checkbox"/> Postage Paid Return Postcard <input checked="" type="checkbox"/> Response (8 pages) <input checked="" type="checkbox"/> Amendment Transmittal Letter (in duplicate) <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Petition for Extension of Time (month) (in duplicate) <input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449 and References <input checked="" type="checkbox"/> Express Mail Label No. EV 337 975 896 US <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (pages) (for an Application) <input checked="" type="checkbox"/> Drawing(s) Formal <u>1</u> Sheet <input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate) <input type="checkbox"/> Request for Continued Examination Transmittal (RCE) <input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Request for Status of Application <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 2px; width: 150px; margin-bottom: 5px;">Remarks</div> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Charles E. Runyan, Jr. Ph.D., Reg. No. 43,066
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Date	January 4, 2005

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